



Medicaid 101 for MIE providers

**Provider Relations Unit
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October 2015**

Getting Started

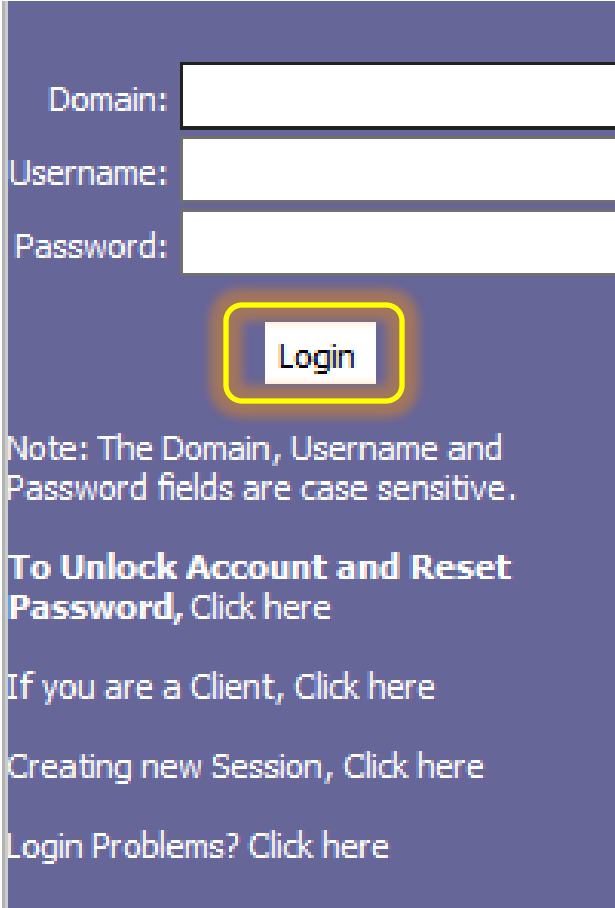
ProviderOne is used by Washington Apple Health providers to submit claims and manage their provider accounts. It is compatible with most commonly used internet browsers: Google Chrome, Firefox, Microsoft Edge and Internet Explorer (IE) for Windows and Safari for Windows and Mac.

In order for **ProviderOne** to work on your computer, verify your browser allows pop-ups, as these are vital to successful claims submission.

Please see the [Provider Home](#) page for up-to-date information on browser issues.

Getting Started


- Use web address
<https://www.waproviderone.org>
- Complete the **Domain**, **Username**, and **Password** fields
- Click on the **Login** button

A screenshot of the login page for Waproviderone.org. The page has a dark blue background. At the top, there are three white input fields labeled 'Domain:', 'Username:', and 'Password:'. Below these fields is a white 'Login' button with a yellow border. Under the button, there is a note in white text: 'Note: The Domain, Username and Password fields are case sensitive.' Below the note, there are three links in white text: 'To Unlock Account and Reset Password, Click here', 'If you are a Client, Click here', and 'Creating new Session, Click here'. At the bottom, there is a link in white text: 'Login Problems? Click here'.

1. Managing Profiles

Adding a Super User Profile

Welcome
to the
Medicaid Management Information System
for



Select a profile to use during this session:

- A profile describes the level of access a user has to your domain
- You will start with only the **EXT Provider System Administrator** profile assigned, which can only set up and manage other users and profiles (including your own)
- You must assign at least one user (usually yourself) the **EXT Provider Super User** in order to access full ProviderOne functionality

Adding User Profiles

- Scroll down on the left-hand side of the Provider Portal and click **Maintain Users**
- The system will display all past and present users associated to your domain
- Click on the name of the person to be updated

Prior Authorization	Hide/Max
On-line Prior Authorization Submission	
Prior Authorization Inquiry	
Prior Authorization Adjustment	
Provider	Hide/Max
Provider Inquiry	
Manage Provider Information	
Initiate New Enrollment	
Track Application	
HIPAA	Hide/Max
Submit HIPAA Batch Transaction	
Retrieve HIPAA Batch Responses	
Admin	Hide/Max
Change Password	
Maintain Users	

Close

Add

Approve

Reject

Manage Users

Filter By:

And:

With Status:

Go

	Name	Domain Name	Organization	Status	Start Date	End Date	LastName
<input type="checkbox"/>	Relations, Provider	9999999	Test FAOI	Approved	09/25/2012	12/31/2999	Relations
<input type="checkbox"/>	Relations, Provider	9999999	Test FAOI	Rejected	11/28/2012	12/31/2999	Relations

<< Prev

Viewing Page 1

Next >>

1

Go

Page Count

SaveToXLS

Adding User Profiles

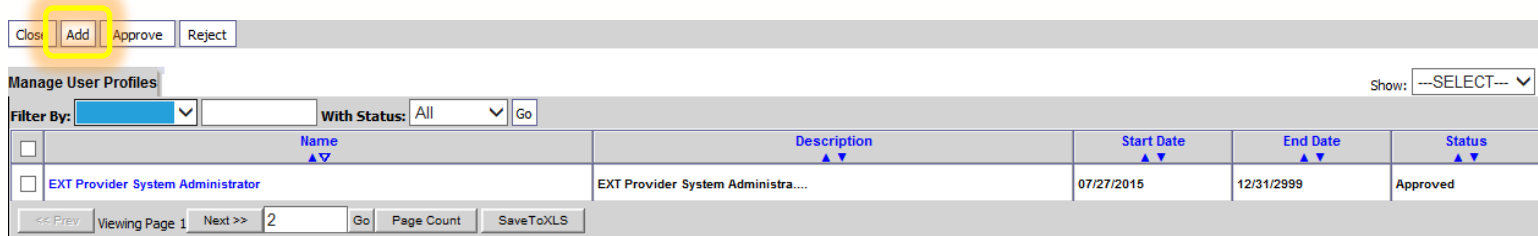
- ProviderOne displays the **User Details** page for this user
- Choose **Associated Profiles** from the **Show** menu

The screenshot shows the 'User Details' page in the ProviderOne system. At the top, there are 'Close' and 'Save' buttons. Below them is the 'User Details:' tab and a 'Show:' dropdown menu. The dropdown menu is highlighted with a yellow box and shows the option 'Associated Profiles'. The form contains various fields for user information:

- First Name:** Provider
- Middle Name:** (empty)
- Last Name:** Relations
- Lock User:** ☐
- Date of Birth:** 01/01/1970
- Domain Name:** 9999999
- EID:** 4521585
- UserType:** Batch User
- User Name:** PRU
- Password:** (empty)
- Confirm Password:** (empty)
- Address Line 1:** (empty)
- Address Line 2:** (empty)
- Address Line 3:** (empty)
- City/Town:** (empty)
- State/Province:** (empty)
- County:** (empty)
- Country:** (empty)
- Zip Code:** (empty) - (empty) Address
- Start Date:** 07/27/2015
- Expiration Date:** 12/31/2999
- Status:** Approved
- Reason Code:** None
- Remarks:** UAT/ITF Data Refresh Activity

Adding User Profiles

- The **Manage User Profiles** page is displayed
- If you are new to ProviderOne you will see only the **EXT Provider System Administrator** profile is active
- Choose **Add** in the upper left corner



Close Add Approve Reject

Manage User Profiles Show: ---SELECT---

Filter By: [] With Status: All Go

	Name	Description	Start Date	End Date	Status
<input type="checkbox"/>	EXT Provider System Administrator	EXT Provider System Administra....	07/27/2015	12/31/2999	Approved

<< Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS

Adding User Profiles

ProviderOne will display a pop-up with a list of Available Profiles and Associated Profiles

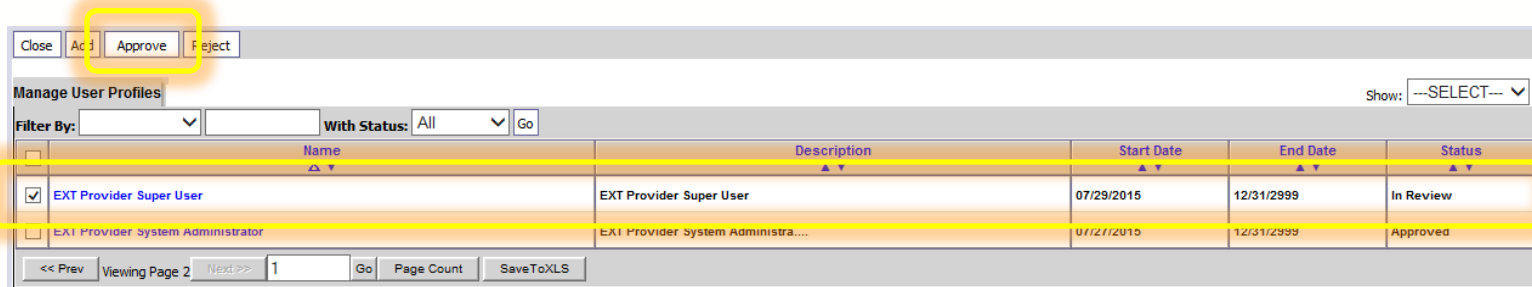
- Choose the **EXT Provider Super User** profile from **Available Profiles** list
- Use the arrows to move the profile to the **Associated Profiles** list
- Do not change the **Start Date** or **End Date**
- Click the **OK** button in lower right corner

This screenshot shows the initial state of the 'Adding User Profiles' pop-up. At the top, there are two date fields: 'Start Date: *' with the value '07/29/2015' and 'End Date: *' with the value '12/31/2999'. Below these are two lists: 'Available Profiles' and 'Associated Profiles'. The 'Available Profiles' list contains one item, 'EXT Provider Super User', which is highlighted in blue. To the right of the lists are two buttons: a right-pointing arrow '>>' and a left-pointing arrow '<<'. The '>>' button is highlighted with a yellow box, indicating it should be clicked to move the selected profile to the 'Associated Profiles' list.

This screenshot shows the pop-up after the profile has been moved. The 'Available Profiles' list is now empty. The 'Associated Profiles' list now contains the 'EXT Provider Super User' profile, which is highlighted with a yellow box. The '<<' button is now highlighted with a yellow box, indicating it should be clicked to move the profile back to the 'Available Profiles' list. The date fields and the '>>' button remain unchanged from the previous state.

Adding User Profiles

- You will return to the **Manage User Profiles** page
- The **EXT Provider Super User** profile you added will have a status of **In Review**
- Check the box on the left of the **In Review** profile and select the **Approve** button in the upper left corner



Close Add **Approve** Reject

Manage User Profiles Show: **---SELECT---**

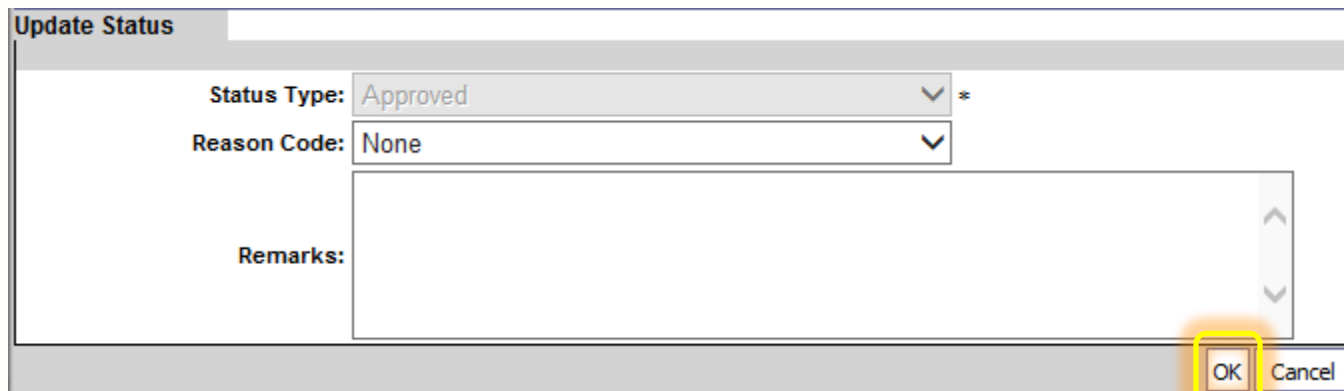
Filter By: **---** With Status: **All** Go

	Name	Description	Start Date	End Date	Status
<input checked="" type="checkbox"/>	EXT Provider Super User	EXT Provider Super User	07/29/2015	12/31/2999	In Review
<input type="checkbox"/>	EXT Provider System Administrator	EXT Provider System Administra....	07/29/2015	12/31/2999	Approved

<< Prev Viewing Page 2 Next >> 1 Go Page Count SaveToXLS

Adding User Profiles

- The **Update Status** box appears
- The **Remarks** field can be skipped
- Click **OK** to approve your **EXT Provider Super User** profile and return to the **Manage User Profiles** page



The screenshot shows a dialog box titled "Update Status". It contains three fields: "Status Type" with a dropdown menu showing "Approved" and an asterisk, "Reason Code" with a dropdown menu showing "None", and "Remarks" with a large empty text area. At the bottom right, there are two buttons: "OK" and "Cancel". The "OK" button is highlighted with a yellow square.


Adding User Profiles

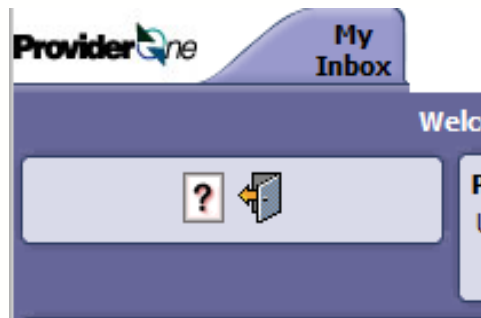
- The **EXT Provider Super User** profile is now showing **Approved** status
- Today's date will be listed under **Start Date**
- The **End Date** will have a “placeholder” date of 12/31/2999 to indicate the profile currently has no end date
- To inactivate a user, follow the steps above but enter the date you wish to end the user's access
- Click on the **Close** button in the upper left of screen

The screenshot displays the 'Manage User Profiles' web application. At the top, there are buttons for 'Close', 'Add', 'Approve', and 'Reject'. Below these is a search and filter section with 'Filter By:' and 'With Status: All' dropdowns, and a 'Go' button. A 'Show: --SELECT--' dropdown is also present. The main area is a table with columns: Name, Description, Start Date, End Date, and Status. Two rows are visible: 'EXT Provider Super User' and 'EXT Provider System Administrator'. The 'EXT Provider Super User' row is highlighted with a yellow box, showing a start date of 07/29/2015 and an end date of 12/31/2999, with a status of 'Approved'. The 'EXT Provider System Administrator' row shows a start date of 01/21/2015 and an end date of 12/31/2999, also with a status of 'Approved'. At the bottom, there are navigation controls including '<< Prev', 'Viewing Page 2', 'Next >>', a page number '1', a 'Go' button, 'Page Count', and a 'SaveToXLS' button.

Name	Description	Start Date	End Date	Status
EXT Provider Super User	EXT Provider Super User	07/29/2015	12/31/2999	Approved
EXT Provider System Administrator	EXT Provider System Administra....	01/21/2015	12/31/2999	Approved

Adding User Profiles

- You will return to the **User Details** page
- Log out using the **Doorway Icon**  in the top left-hand corner
- You will have access to the **EXT Provider Super User** profile next time you log into ProviderOne



2. Claim Submission

Getting Started

Welcome
to the
Medicaid Management Information System
for

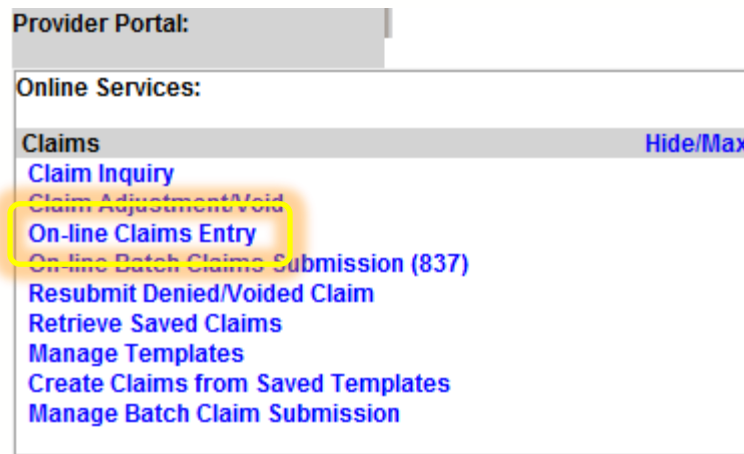


Select a profile to use during this session: *

Select **EXT Provider Super User** to submit claims using Direct Data Entry (DDE), as opposed to submitting your claims on paper claim forms or electronic HIPAA transaction files

Getting Started

From the **Provider Portal** select the **Online Claims Entry** option located under the **Claims** heading



Claim Submission

Select the Submit Professional option for medical claims, which is equivalent to submission of CMS-1500 methodology

Choose an Option.	
Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

DDE Overview

- Overview of the upper half of the DDE Professional claim screen:

Basic Claim Info

Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

Submitter ID: 200320900

PROVIDER INFORMATION
Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.

BILLING PROVIDER

* Provider NPI: * Taxonomy Code:

?

 * Is the Billing Provider also the Rendering Provider? ☐ Yes ☐ No

?

 * Is this service the result of a referral? ☐ Yes ☐ No

Top

SUBSCRIBER/CLIENT INFORMATION**SUBSCRIBER/CLIENT*** Client ID:

+ Additional Subscriber/Client Information

?

 Is this claim for a Baby on Mom's Client ID? ☐ Yes ☐ No

?

 * Is this a Medicare Crossover Claim? ☐ Yes ☐ No

+ OTHER INSURANCE INFORMATION

Top

CLAIM INFORMATION
Go to Other Claim Info to include the following claim detail information:
Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Dates, Test Results or Form Identification Information.

+ PRIOR AUTHORIZATION

+ CLAIM NOTE

+ EPSDT INFORMATION

+ CONDITION INFORMATION

?

 * Is this claim accident related? ☐ Yes ☐ No

DDE Overview

- Overview of the lower half of the DDE Professional claim screen:

CLAIM DATA

 Patient Account No.:

 * Place of Service:

 + Additional Claim Data

 Diagnosis Codes: * 1: 2: 3: 4: 5: 6:

 7: 8: 9: 10: 11: 12:

BASIC LINE ITEM INFORMATION

 Click on Other Svc Info in each line item to include the following additional line item information:
 Attachment, Drug, DMERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance
 Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

* Service Date From:

 Place of Service:

 * Procedure Code:

 * Submitted Charges: \$

 * Units:

 + Medicare Crossover Items

 National Drug Code:

 + Drug Identification

 + Prior Authorization

 + Additional Service Line Information

* Service Date To:

 Modifiers: 1: 2: 3: 4:

 Diagnosis Pointers: *1: 2: 3: 4:

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

 Click a Line No. below to view/update that Line Item Information.

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			

Total Submitted Charges: \$

Header Level – Provider Details

- “Header” level information applies to the entire claim. The first fields describe the provider and his/her specialty (taxonomy), as well as whether the claim is the result of a referral.

PROVIDER INFORMATION
Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.

BILLING PROVIDER

* Provider NPI: * Taxonomy Code:

? * Is the Billing Provider also the Rendering Provider? ☐ Yes ☐ No

? * Is this service the result of a referral? ☐ Yes ☐ No

- Enter your **Billing Provider NPI** in **Provider NPI:**
- Enter the appropriate **Billing Provider Taxonomy Code** for the services you are submitting in **Taxonomy Code:**
- If your Billing Provider NPI and your Rendering Provider NPI are the same, answer **Yes** to ? * Is the Billing Provider also the Rendering Provider?
- Always answer **No** to ? * Is this service the result of a referral?


Header Level – Client Details

Additional header level information includes details about the client:

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

 Additional Subscriber/Client Information

Enter the Client ID and click the  icon to expand this section:

Additional Subscriber/Client Information

* Org/Last Name: First Name:

* Date of Birth: mm dd ccyy * Gender:

Date of Death: mm dd ccyy Patient Weight: lbs

Patient is pregnant: ☐ Yes ☐ No

- Enter the client's **Last Name**, **First Name**, **DOB**, and **Gender**
- Leave **Date of Death**, **Patient Weight**, and **Patient is Pregnant** blank

Header Level – Unused Fields

The following fields are not used; address each as follows:

- Answer **No** to  Is this claim for a Baby on Mom's Client ID?
- Answer **No** to  * Is this a Medicare Crossover Claim?
- Skip  **OTHER INSURANCE INFORMATION**
- Skip  **PRIOR AUTHORIZATION**
- Skip  **CLAIM NOTE**
- Skip  **EPSDT INFORMATION**
- Skip  **CONDITION INFORMATION**
- Answer **No** to  * Is this claim accident related?


Header Level – Claim Data

The last details to go at header level are as follows:

CLAIM DATA


Patient Account No.:

* Place of Service:

 **Additional Claim Data**

Diagnosis Codes: * 1: 2: 3: 4: 5: 6:
7: 8: 9: 10: 11: 12:

Address each as follows:

- **Patient Account No.:** is a “free form” field for optional patient ID you can use to help reconcile patient accounts if you do not wish to rely solely on ProviderOne client ID numbers
- Always select 11 for Office in **Place of Service**
- Skip  **Additional Claim Data**
- Enter the **Diagnosis Codes** appropriate for the services rendered, leaving out the decimal point; note the number assigned to each, called a “pointer”, which we will address how to use at the line level (below)

Line Level – Service Details

Overview of the Basic Line Item fields:

BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information:

Attachment, Drug, DMERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

<p>* Service Date From: <input type="text"/> mm <input type="text"/> dd <input type="text"/> ccyy</p> <p>Place of Service: <input type="text"/></p> <p>* Procedure Code: <input type="text"/></p> <p>* Submitted Charges: \$ <input type="text"/></p> <p>* Units: <input type="text"/></p> <p><input type="checkbox"/> Medicare Crossover Items</p> <p>National Drug Code: <input type="text"/></p> <p><input type="checkbox"/> Drug Identification</p> <p><input type="checkbox"/> Prior Authorization</p> <p><input type="checkbox"/> Additional Service Line Information</p>	<p>* Service Date To: <input type="text"/> mm <input type="text"/> dd <input type="text"/> ccyy</p> <p>Modifiers: 1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/></p> <p>Diagnosis Pointers: *1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/></p>
---	---

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number
	From	To		1	2	3	4	1	2	3	4			

Completing the **Basic Service Line Items** results in service lines appearing at the bottom beneath the grey columns

Line Level – Service Details

- The **Service Date From** and **Service Date To** must include the first and last dates of service on your claim

* Service Date From:

mm	dd	ccyy

 * Service Date To:

mm	dd	ccyy

- The **Place of Service** field is not required and has no effect on your claim
- Enter the CPT you wish to bill for in the **Procedure Code** field, followed by any applicable **Modifiers**

* Procedure Code:

--

 Modifiers: 1:

--

 2:

--

 3:

--

 4:

--

- Enter your usual and customary charges for this CPT in the **Submitted Charges** field

* Submitted Charges: \$

--

Line Level – Service Details

- Indicate the diagnosis codes(s) you wish to use for this service line by using the **Diagnosis Code Pointers** (1-12) assigned to each of the **Diagnosis Codes** (see slide 23), with 1 being primary

Diagnosis Pointers: *1: 2: 3: 4:

- Enter the number of units you wish to bill for this service line

* Units:

- The rest of this section can be skipped:

☐ **Medicare Crossover Items**


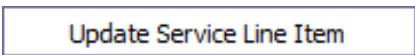
National Drug Code:

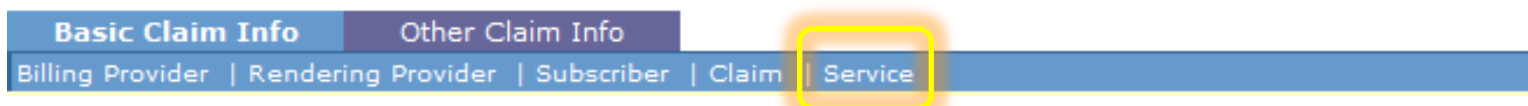
☐ **Drug Identification**

☐ **Prior Authorization**

☐ **Additional Service Line Information**

Line Level – Service Details

- Now that you have completed your first service line, you need to add it to your claim using the  button
- Repeat as needed to add additional service lines to your claim
- As each line appears at the bottom of your claim, note there is a number next to it which will bring it back up to the Basic Service Line Items section for review or change
- To change a line rather than add it as an additional line, use the button labeled 
- Note each line you add brings you to the top of your screen where you can use the **Service** link to return to the bottom of the DDE form:



Submitting Your Claim

- When ready to submit your claim to ProviderOne for processing, use the **Submit Claim** button on the grey header bar at the top of your screen:



- The final pop-up gives providers the opportunity to add backup documentation; skip this by selecting **Cancel**



Do you want to submit any Backup Documentation?



Submitting Your Claim

- Finally you will see a pop-up with a summary of your claim, including claim number (TCN) and other basic information
- ProviderOne displays **No Records Found !** to indicate no backup documents have been attached

Submitted Professional Claim Details:

TCN [REDACTED]
Provider NPI [REDACTED]
Client ID [REDACTED]
Date of Service
Total Claim Charge

Please click "Add Attachment" button, to attach the documents.

Attachment List:

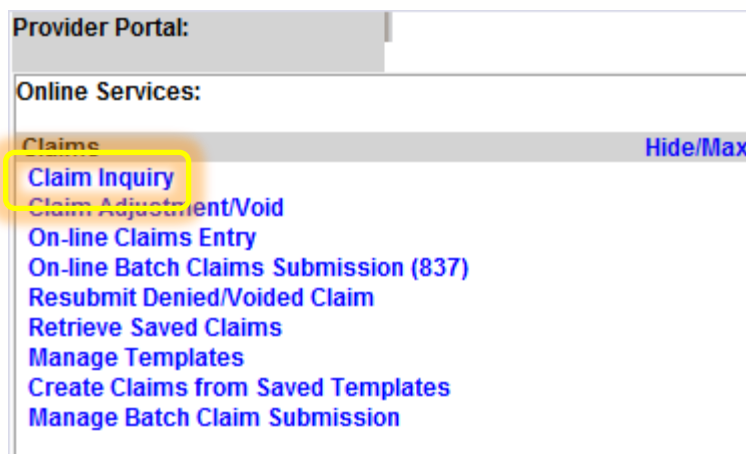
<input type="checkbox"/>	Line No ▲ ▼	File Name ▲ ▼	Attachment Type ▲ ▼	Transmission Code ▲ ▼	Attachment Control # ▲ ▼	File Size ▲ ▼	Delete ▲ ▼	Uploaded On ▲ ▼
No Records Found !								

- Click **OK** to submit your claim or it will not be processed

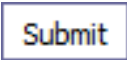
3. Claim Status and Remittance Advice

Checking Claim Status

To begin, log in as a **EXT Provider Super User** and select [Claim Inquiry](#) from the left-hand side of the **Provider Portal**



Checking Claim Status

Search by either claim number (TCN) or by using Client ID and date of service, using the fields provided, and click 



Close Submit

Provider Claim Inquiry Search:

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may request status for claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months

Provider NPI: *

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:

Checking Claim Status

Until you submit your first claim, you will see a blank list like the one below:

Close							
Provider NPI: 5100000004							
Claim Inquiry Providers List:							
<input type="checkbox"/>	TCN ▲ ▼	Date of Service ▲ ▼	Claim Status ▲ ▼	Claim Charged Amount ▲ ▼	Claim Payment Amount ▲ ▼	Client Name ▲ ▼	Client ID ▲ ▼
No Records Found !							

As your claims begin to post, you will see them appear here with hyperlinks that will take you to a status display for that TCN, which you can click on to see whether a claim paid, or whether it denied (and why it denied)

Remittance Advice (RA)

If you wish to see a summary of any given weeks' claims, rather than searching for an individual claim, use the **Remittance Advice** rather than **Claim Status** function by clicking [View Payment](#)

Provider Portal:

Online Services:

Claims	Hide/Max
Claim Inquiry	
Claim Adjustment/Void	
On-line Claims Entry	
On-line Batch Claims Submission (837)	
Resubmit Denied/Voided Claim	
Retrieve Saved Claims	
Manage Templates	
Create Claims from Saved Templates	
Manage Batch Claim Submission	

Client	Hide/Max
Client Limit Inquiry	
Benefit Inquiry	

Payments	Hide/Max
View Payment	
View Capitation Payment	

Remittance Advice (RA)

The resulting list will display each of your weekly Remittance Advice, which you can sort using the up and down arrows in each column

- Your RA will have a section each for Paid, In Process, and Denied claims, so be sure to search in each if you can't find a specific TCN
- The last page of the RA will include a description of any denial codes listed in the Denied section

RA/ETRR Payment List:

Filter By : And

RA/ETRR Number ▲ ▼	Check Number ▲ ▼	Check/ETRR Date ▲ ▼	RA Date ▲ ▼	Claim Count ▲ ▼	Charges ▲ ▼	Payment Amount ▲ ▼	Adjusted Amount ▲ ▼	Download ▲ ▼
No Records Found !								

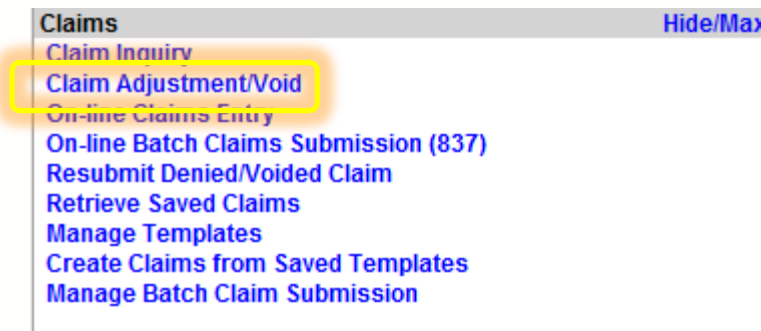
5. Adjustments, Voids and Resubmissions

Adjustments and Voids


ProviderOne allows you to adjust, void, and resubmit claims after they post as paid or denied. You cannot adjust, void, or resubmit a TCN that is:

- Still in process
- Has already been adjusted, voided, or resubmitted

Log in as a **EXT Provider Super User** and select [Claim Adjustment/Void](#) from the left-hand side of the **Provider Portal**



Adjustments and Voids

Using the fields provided, search by either claim number (TCN) or by using Client ID and date of service, and click 



Close Submit

Provider Claim Inquiry Search:

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may request status for claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months

Provider NPI: *

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:

Adjustments and Voids

The resulting TCN can be selected and either adjusted or voided

Close Adjust Void Claim

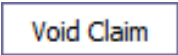
Provider NPI:

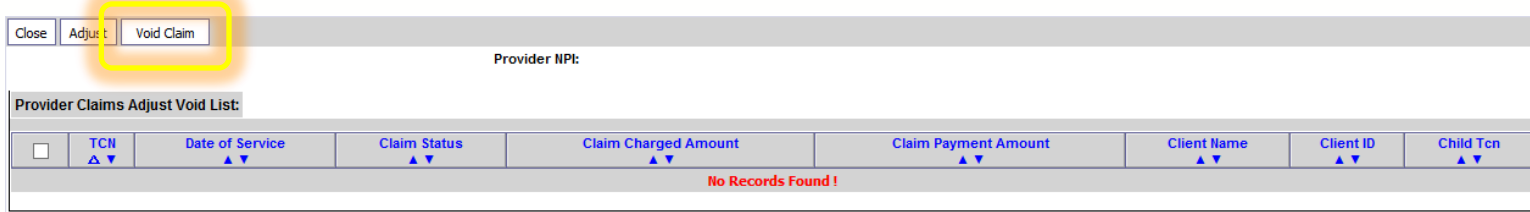
Provider Claims Adjust Void List:

	TCN ▲ ▼	Date of Service ▲ ▼	Claim Status ▲ ▼	Claim Charged Amount ▲ ▼	Claim Payment Amount ▲ ▼	Client Name ▲ ▼	Client ID ▲ ▼	Child Tcn ▲ ▼
No Records Found !								

Clicking **Adjust** will take you to the **Claim Submission** process outlined in Section 2, but with the fields completed as they were when you submitted the claim; simply correct whichever field you wish to change, and submit the claim normally

Adjustments and Voids

A paid claim can also be voided, if you wish to reverse one for any reason; select the TCN and click 



Close Adjust **Void Claim**

Provider NPI:

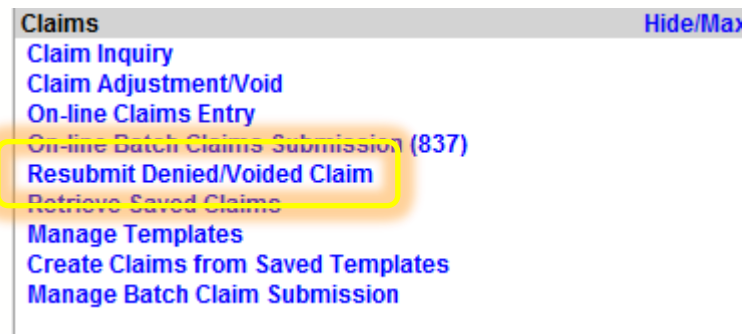
Provider Claims Adjust Void List:

<input type="checkbox"/>	TCN ▲ ▼	Date of Service ▲ ▼	Claim Status ▲ ▼	Claim Charged Amount ▲ ▼	Claim Payment Amount ▲ ▼	Client Name ▲ ▼	Client ID ▲ ▼	Child Tcn ▲ ▼
No Records Found !								

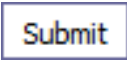
The prompts that follow will be similar to those in the Claim Submission steps at the end of Section 2.

Resubmissions

Alternatively, if you have a denied or voided claim you wish to correct and resubmit, select [Resubmit Denied/Voided Claim](#) from the left-hand side of the **Provider Portal**



Resubmissions

Search by either claim number (TCN) or by using Client ID and date of service, using the fields provided, and click 



Close Submit

Provider Claim Inquiry Search:

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may request status for claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months

Provider NPI: *

TCN:

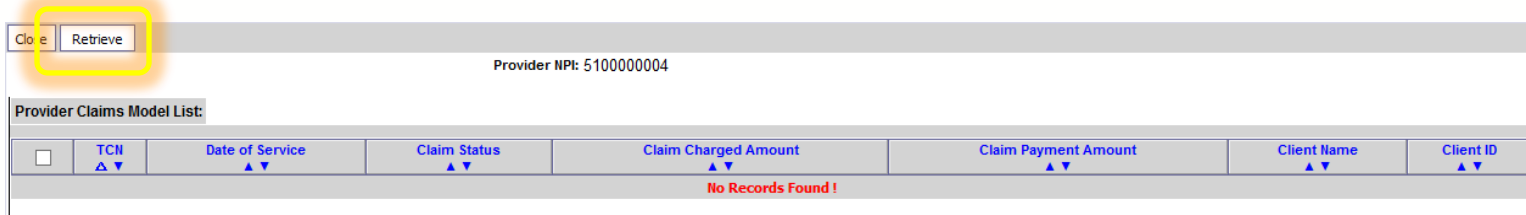
Client ID:

Claim Service Period From:

Claim Service Period To:

Adjustments and Voids

Select the denied TCN you wish to resubmit, and click **Retrieve**



Close Retrieve

Provider NPI: 5100000004

Provider Claims Model List:

<input type="checkbox"/>	TCN ▲▼	Date of Service ▲▼	Claim Status ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼
No Records Found !							

This will take you to the **Claim Submission** process outlined in Section 2, but with the fields completed as they were when you submitted the claim; simply correct whichever field you wish to change, and submit the claim normally

Reference Materials

For general information about submitting claims in ProviderOne, see the ProviderOne Billing & Resource Guide:

http://www.hca.wa.gov/medicaid/provider/Pages/providerone_billing_and_resource_guide.aspx

For information about specific programs (including MIE Services), see our Medicaid Provider Guides page:

<http://www.hca.wa.gov/medicaid/billing/pages/bi.aspx>

Coverage and rate information can be found on our Fee Schedules:

<http://www.hca.wa.gov/medicaid/rbrvs/Pages/index.aspx>

Contact and Support

To contact Health Care Authority customer service:

https://fortress.wa.gov/dshs/p1contactus/Provider_WebForm

Via phone:

800-562-3022

Training material (such as this slideshow) and much more information about Health Care Authority, Washington Apple Health (Medicaid), and ProviderOne can be found at:

<http://www.hca.wa.gov/medicaid/Provider/Pages/index.aspx>

If you prefer to submit claims through electronic HIPAA file transactions, contact our HIPAA Help desk at:

hipaa-help@hca.wa.gov